



TREATMENT PROTOCOL: TRAUMATIC ARREST *

1. Consider Ref. No. 814, Determination/Pronouncement of Death in the Field
2. Rapid transport, do not delay transport for treatment
3. Basic airway
4. CPR
5. Cardiac monitor: document rhythm and attach ECG strip
6. If initial rhythm is V-fib or pulseless V-tach:
Defibrillate
Biphasic at 120-200J (typically), Monophasic at 360J, refer to manufacturer's guidelines
7. Spinal motion restriction prn. If life threatening penetrating torso trauma with hypotension, **DO NOT** delay transport for spinal motion restriction.
8. Control bleeding prn
9. If unable to maintain basic airway, proceed to advanced airway
 **Pediatric:**
ET tube placement approved for patients who are:
12yrs of age and older or height greater than the length of the pediatric resuscitation tape;
King airway approved as a rescue airway for patients who are:
12yrs of age and older and 4 feet tall
10. If chest trauma and suspected pneumothorax, perform bilateral needle thoracostomy.
11. Venous access en route. Consider immediate placement of IO if any difficulty or delay in IV access
12. Fluid resuscitate
Normal Saline Fluid Resuscitate
Wide open IV fluid administration through large lumen tubing, preferably using two sites
 **Pediatric:** 20ml/kg IV
See Color Code Drug Doses/L.A. County Kids ❶
13. CPR for 2min (5 cycles) prior to pulse check and additional defibrillations
14. **CONTINUE SFTP or BASE CONTACT**

SPECIAL CONSIDERATIONS

- ❶ If the child is longer than the pediatric length-based resuscitation tape (e.g., Broselow™) and adult size, move to the Adult protocol and Adult dosing.